

Standard Plan

Administered by Blue Cross & Blue Shield United of Wisconsin



BlueCross & BlueShield United of Wisconsin

An independent license of the Blue Cross and Blue Shield Association

What we are

A comprehensive health plan that provides you with complete freedom of choice among hospitals and physicians.

It is administered by Blue Cross & Blue Shield United of Wisconsin – a local company known for its service, convenience, automated processing, and the I.D. card that is recognized and accepted across the nation and around the world.

Where we are

In addition to our corporate headquarters located in Milwaukee, we have three regional service centers. We can answer questions about claims or benefits in our offices, by letter, by e-mail or by telephone. To provide more personal service that is convenient and accessible, early evening/after work and walk-in customer service is available at our regional service centers.

Quality Improvements Initiative

- Improved access to Customer Service Representatives with a lost call ratio which dropped from 5.96% to below 2%.
- Implementation of Customer Satisfaction Surveys.
- Monthly Customer Services training on benefit claims processing issues and soft skills.

Exclusions and limitations

- Physical exams requested by third parties (i.e., school, insurance, etc.)
- Services or supplies for custodial care or rest cures as defined by the contract
- Cosmetic surgery
- Services, supplies or equipment that are not medically necessary, or which are experimental/investigational

- Eyeglasses, contact lenses or hearing aids or examinations for their prescription or fitting
- In vitro fertilization or artificial insemination
- Weight loss programs, services or supplies
- Dental services except as specifically provided
- Organ transplants except as specifically provided
- Reversals of sterilization
- Care covered by worker's compensation

Covered Services-no deductible:

- Hospital services
- Maternity care
- Extended care facility (except custodial)
- Surgery
- X-ray and laboratory services

Covered Services – at 80 percent after deductible:

- Office calls
- Routine physical exams
- Physical, speech, and occupational therapy when necessitated by illness
- Extraction and/or replacement of natural teeth when necessitated by an accidental injury

This is intended as a general outline of benefits. It is not intended to be a complete description of coverage and does not serve as a legal document. For a complete listing of benefits, limitations, and exclusions please refer to the Benefit Handbook available through your personnel representative or call us at Blue Cross & Blue Shield United of Wisconsin.

Regional service centers

Customer service hotline for
State of Wisconsin employees
1-800-755-6400

Northeastern Service Center

145 South Pioneer Road
Fond du Lac, WI 54935
(920) 923-4141

Southeastern Service Center

401 West Michigan Street
Milwaukee, WI 53203
(414) 226-2233

Southwestern Service Center

19 West Main Street
Evansville, WI 53536
(608) 882-5967

Western Service Center

2270 EastRidge Center
Eau Claire, WI 54701
(715) 836-7737

Or e-mail us at at our website:

www.bluecrosswisconsin.com

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Major Medical Deductible & Coinsurance: Deductible is \$250 per person, \$150 for those with Medicare, per calendar year; maximum of two per family. After deductible plan pays 80%, you pay 20% until your out-of-pocket maximum is reached; the maximum is \$1,000 per individual/\$2,000 per family, does not include deductible. Major medical maximum is \$250,000 per lifetime.

Health Benefits	Plan Pays	Limitations
Physician	100%	Non-emergency office calls – deductible and coinsurance. Other services – \$10,000 per illness or injury, then major medical.
Hospital	100%	365 days in semi-private room.
Laboratory and X-rays	100%	None
Drugs and biologicals	100%	After copayment per prescription: \$15 for brand/\$5 for generic.
Mental health (Combined w/ Alcohol & drug abuse)	100%	INPATIENT - 120 days or \$6,300 per calendar year, which ever is less.
<i>In 2003, annual dollar maximums for mental health services are suspended.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Alcohol and drug abuse (Combined with Mental health)	100%	INPATIENT - 30 days or \$6,300 per calendar year, which ever is less.
<i>Maximum for all services is \$7,000 per calendar year, combined.</i>	90%	OUTPATIENT - Of first \$2,000 per calendar year.
	90%	TRANSITIONAL - Of first \$3,000 per calendar year.
Emergency room	100%	None
Extended care facility	100%	120 days per admission less hospital days used. Excludes custodial care.
Vision care	80%	For illness or disease only. Subject to deductible
Prescribed medical services/supplies	80%	Subject to deductible
Transplants	100%	Kidney, cornea, bone marrow, parathyroid, musculoskeletal. Excludes all services related to non-covered transplants.
Chiropractic care	100%	Same as physician
Ambulance	100%	First \$50 per trip
	80%	Thereafter, subject to deductible
Additional Benefits		
Physical, speech & occupational therapy	80%	Subject to deductible
Home hospice care	100%	80 visits per six months
Hearing aid	0%	Not a covered benefit
Oral surgery	100%	Same as physician
Infertility services	0%	Not a covered benefit

Standard Plan pays the percent of charge(s) shown above. Charge(s) means usual, customary, and reasonable (UCR) demands for payment for services or other items for which benefits are available, as determined by Blue Cross & Blue Shield United of Wisconsin. In some cases, the amount BCBSUW determines as reasonable may be less than the amount billed by your provider. Those providers not listed in the BCBSUW State Standard provider directory, are not contractually obligated to write off the balance and, as a result, may choose to balance bill the subscriber. Should such a situation arise, 'hold harmless' protections apply. BCBSUW will protect the subscriber against collection agencies and a court of law. For more information on 'hold harmless' or for a list of participating providers in your area, please call a customer representative at the number above or visit our website. If such a charge dispute arises, contact BCBSUW. If your provider is listed in the Standard Plan directory, charges over UCR will be written off.